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## Kashmir Valley's Spiraling Drug Abuse

By Dilnaz Boga

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*The dizzying epidemic of drugs in the backdrop of militarization and violence in Kashmir, reports Dilnaz Boga*

*Inam Rashid (name changed) was among the many unfortunate ones who was picked up and interrogated by state agencies on the pretext of having links with militancy. For five days he was put under extreme interrogation and was subsequently released without being charged. The mental scars of this ordeal refused to heal. As if this was not enough this 35-year-old lost 12 members of his family to the massive earthquake of 2005 in Uri. This was more than Rashid could bear. He sought a grim refuge in multiple addictive substances "to erase the memories of his extended sufferings". He turned to cannabis, nicotine, opium, ethanol and benzodiazepine in search of relief.*

*Another addict explains the reason for drug abuse saying that he felt no peace, only blood in the air. This resonates with a common perception that the thousands who died violent deaths in Kashmir weigh heavy in the air in Kashmir.*

*A young addict recalls the desperation of his friend, who during a strike in the city, was forced to pay Rs 5,000 for three bottles of Codeine. "He was in such a bad state. He needed it badly. So he shelled out the money and bought the bottles on the black market."*

*A patient's mother who is waiting for the doctors to discharge her son from a de-addiction center says, "Why is the drug problem of this magnitude? Why are the authorities not doing anything about it?"*

With hardly any mental healthcare facilities or de-addiction centres in the Valley, Kashmiris have been left to fend for themselves in their attempt to deal with the emotional scars which have resulted from the brutal effects of a conflict raging for a little over two decades now.

This 26th June, the Valley has little to show for, as the world observes International Day against Drug Abuse and Illicit Trafficking. Several studies carried out on addiction in the Valley reveal a strong correlation between conflict and drug abuse. The studies show that in Kashmir, drugs are not used for recreational purposes but as a coping mechanism to deal with the stresses of conflict in the most militarized region in the world.

### The stark contrast

Apart from the immediate damage to drug abusers, the medium and long term corrosion to the very fabric of the society by the use of prescription drugs and banned narcotics has been well established in many other places in the world.

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Reliable statistics on addiction are notoriously difficult to come by in Kashmir.

According to a study conducted by the United Nations Drug Control Programme in 2008, there are 60,000 substance abusers in the Valley. Dr Mushtaq Margoob's book, *Menace of Drug Abuse in Kashmir*, published in 2008, states that the Valley has 2.11 lakh drug abusers. The difference in figures can be attributed either to the stigma around addiction or other factors, for instance addicts themselves tend to exaggerate, while their families try to downplay the problem. Any figures therefore should not be treated as absolutely conclusive but an approximation.

In a study done at the Government Psychiatric Diseases Hospital (GPDH) in 2002, doctors compared drug trends from 1980-88 and 2002 in patients – before the armed conflict erupted and after. The figures not only show a shocking state of affairs, but also indicate how deep-rooted the scourge of addiction is. An alarming increase of over sixty percent was reported in the use of opioid-based preparations (9.5 per cent to 73.61 per cent), and an over twenty five percent increase in multiple substance-abuse (15.8 per cent to 41.6 per cent), from the 1980s to 2002.

In another study conducted by GPDH, with help from the Ministry of Science and Technology in 2006, out of the 561 substance-use disorder patients, it was discovered that 63.85 per cent of patients had either experienced or witnessed multiple traumatic events, qualifying for the diagnosis of Post-Traumatic Stress Disorder (PTSD) compared to 36.14 per cent patients who had exposure to one traumatic event.

This startling connection establishes the link between violence, PTSD and recourse to addiction, where PTSD is a primary disorder and subsequent substances abuse is used to self medicate symptoms of the disorder.

Currently, in Kashmir, 80 per cent drug-users comprise those who consume prescription medicines. Easy availability of pharmaceuticals across the counter has contributed to the enormity of the malady. Drugs containing opioids, such as Corex and Codeine are consumed by most addicts. Benzodiazepines like Diazepam, Alprazolam and cannabis derivatives like hashish, marijuana and alcohol are also responsible for the steady surge in addiction. For many school students including girls, items of common use like polish and glue double up as inhalants. The use of nicotine, Iodex, diluters, sleeping pills and inhalants like boot polish, fevicol and ink-removers has been observed in female addicts who might not have the means to obtain other not-so-easily available substances.

### **Toothless law or complacent state?**

In Kashmir the problem has metastasized for several reasons. To begin with, the role of the drug monitoring agencies in controlling the menace in the Valley is zero, emphasizes a doctor. In fact, the law chooses to look the other way. Any person booked under the Narcotics Drugs and Psychotropic Substances (NDPS) Act can be released on bail; whereas, the act is non-bailable in any other state. The police are not authorised to act against the chemists under the NDPS Act, for misuse of prescription drugs.

It is difficult to break the nexus between the chemists, the peddlers and the police, admits a high-ranking police official. As per his estimation, Sopore and South

Kashmir are the worst hit in the Valley. “There is a problem of denial in Kashmir. As long as that persists, it is impossible to resolve this problem.” The official adds, a lack of awareness compounds the problem. In rural Kashmir, families are unaware if a drug is being abused in their midst. “The womenfolk don’t know that the man of the house is an addict. They think he’s taking medicines. In that case, how can they help him?” he asks.

He also feels the current laws are inadequate, “The laws that exist are not implemented.”

### **The past**

A study titled, “Deviance among adolescents” conducted on 300 boys and 400 girls in 2005, reveals that youth are the most vulnerable to drugs. College students in Srinagar and Kupwara, both male and female, were observed using drugs and alcohol.

The objective of the study was to research deviant behaviour of adolescent boys and girls under conditions of armed conflict. The report states that a total of 20 per cent boys and 14 per cent girls were involved in drug abuse, and 34 per cent cases were at the risk of potential suicide. Interestingly, boys and girls from middle class families constituted 70 per cent of drug-abusers.

“A big reason of students taking to drugs and alcoholism is poor performance in academics, insecurities and peer pressure,” said Professor A G Madhosh, who was the lead researcher for the study. He says, “By 2010, there has been a 15 per cent rise in addiction.”

### **Operation Drug ‘Em All?**

The connection between the intensity of internal conflict and prevalence of drug abuse is not incidental. The conflict in the North East of India, especially Manipur, saw a marked decline and success in containment by the state in the past decade or so. This was in great measure due to several reasons – one of them being the easy availability of drugs during this period and its direct link to intravenous drug use and HIV, which swept through the entire population like a raging wildfire, consuming an entire generation of young people with it. Some 1,00,000 people live with HIV and AIDS in the North East, the United Nations Office on Drugs and Crime (UNODC) states.

Kashmir too, is on its way if the situation remains unchecked.

Four studies have been commissioned by the Government of India, undertaken by specialists here, titled “Women and children under armed conflict”. Professor Madhosh says the studies are complete but he is unable to comment on them any further. But sources related to the study revealed, “In highly militarised regions of North Kashmir such as Kupwara, we found the highest concentration of addicts. It is an alarming situation as there is free access to drugs and alcohol due to army presence.”

A doctor from Srinagar confirmed this connection after he came across a patient who used to source his prescription drugs from an army camp. Not only have the

armed forces encouraged addiction openly, but in instances they have also come down heavily on locals who have resisted this.

A journalist remembers an incident in North Kashmir where after several fruitless attempts to get the police to act upon a group of addicts who would routinely gather at a bus terminal, some youth and elders of the village joined hands to deal with the nuisance. Violence ensued after the group of addicts refused to budge from the spot. The following day, the same villagers were assaulted by personnel from a local army camp, recalls the source. “The villagers were assaulted brutally, and were categorically warned by the army to leave the addicts alone.” A police official agrees to the fact that the army was involved and elaborates on how it all started and why. He recalls how in the nineties, drugs were used by the security forces as a strategy in seeking information on militants.

“In the 1990s, when militancy was at its peak, the security forces used to exchange drugs for information provided by ex-militants. The situation is different now – militancy is almost eliminated, but the drug issue has become worse with the years.”

### **The present: Scale of the epidemic**

Dr Arshad Hussain, a psychiatrist at the GPDH, recounts that historically, Kashmir used to be a low drug addiction zone. In the 1980s, when the entire sub-continent, a part of Golden Triangle, was witnessing an opioid boom, Kashmir had resisted. Not anymore.

The situation has taken a drastic turn. Just the statistics are alarming, as per the GPDH figures – 90 per cent abusers belong to the age group of 17-35, with a lifetime prevalence of drug addiction. This is a very conservative estimate, experts say. Many deaths have been reported in young men because of opioid use.

Epidemiologists categorically state that this indicates an ongoing epidemic. Dr Abdul Maajid of the Psychiatry Department of the SKIMS Medical College, Bemina, informs about the deaths of three drug abusers in rural areas in North Kashmir in the last three months alone – two persons, who died of drug over-dose, and one died in a road accident because he was high on drugs.

What is more alarming is the fact that the first time user belongs to the much younger age group. Steadily, Kashmir is losing the most productive age group to drugs, with manifold repercussions on social and occupational function, affecting both society and economy.

The social and economic implications of substance abuse are worrisome. Increased absenteeism and deterioration in quality and quantity of work output are also witnessed in substance abuse cases. These youngsters who should be at the prime of their abilities become dysfunctional entities within society in the long term.

The effects of drug abuse are long-term and limitless, as they percolate through all the aspects of life. Dr Arshid Hussain says, “There is an increase in the crime rate, road accidents, suicides and suicidal attempts, deaths due to overdose, psychiatric disorders and high cost on general health issues due to chronic drug abuse like

liver disorders, gastritis, accidental injuries and an increased risk for HIV infections due to Intravenous Drug Use (IDU).”

Not to mention the toll it takes on a family. The emotional trauma, shame, and grief resulting from abuse and the frequent threat of violence and subsequent separation cause irreparable damage to the family structure. Addiction impacts children’s lives too, often leaving them to bear its consequences till late adulthood.

### **‘Lost: one generation to gun, next to drugs’**

A study by the Sociology Department of Kashmir University reveals that 35 per cent of youth between 15 to 25 years of age have taken to drugs. Sociologist Dr B A Dabla says, “We lost one generation to the gun and we are going to lose the next to drugs.” The number of girls involved is also high, even school girls are addicts, he adds. The solution, explains Dr Dabla, lies in providing solid economic, religious and psychological remedies.

There have been efforts towards this, in the year 2004 the Department of Psychiatry of Government Medical College conducted awareness and intervention programmes in Srinagar, Anantnag and Baramulla. A record number of 2,500 patients were identified and a treatment plan was formulated. Many underwent detoxification and a lesser number continued treatment because of the absence of proper de-addiction facilities.

Médecins Sans Frontières (MSF), an international humanitarian aid organisation also works to address this burgeoning situation in the Valley. MSF tries to help clients through weekly counseling sessions. A team member informs that awareness is a big part of trying to form a solution, “Psycho-educating them and their families about the problem, the nature of the drug-disorder, the necessary treatment and on the manner in which to deal with the person is a very important part of this work.”

In Kashmir’s case, he adds, “The emphasis should be laid on judicious and appropriate prescription of psychotropic drugs. For example, prescription of benzodiazepines and the duration they should be prescribed for.”

### **Obstacles: Stigma and poor rehab facilities**

The Department of Psychiatry is treating at least 2,000 patients a year with drug related problems. Experts say that 90 per cent of patients are between 17 to 35 years of age. Almost all of them were abusing one of the following drugs – opioids, benzodiazepines, cannabinoids and solvents. In a departure from standard practice, these patients are being treated along side with mentally-ill patients with no separate OPD or IPD or rehabilitation facilities because of lack of professional staff.

The youngest victim, in Srinagar’s Police Control Room’s seven-bed de-addiction facility in Batamaloo, was a 13-year-old heroin addict. Despite the social stigma attached to being treated by the police, this facility sees two to three fresh cases a day, doctors say. “If this centre was located outside these premises, we’d get thousands of cases,” opines a doctor. After grappling with the difficulty of talking

patients into getting treatment, the families bring them to the centre, only to have the doctors turn them away for lack of beds.

“So many patients come from faraway villages, but we can’t treat them as we lack the infrastructure in dealing with such huge numbers. It’s heartbreaking but we have no choice,” explains a doctor. The centre currently has 28 patients on its waiting list from different parts of the Valley. Three patients died after they were turned away due to unavailability of beds. A psychiatrist states: “Two patients died of over-dose and one committed suicide.” Explaining this, Dr Arshid Hussain says that the addicts have a high dependence level on prescription drugs that is facilitated by easy availability.

### **Tip of the ice-berg**

This is only the tip of the ice-berg. Dr Hussain adds that out of the addiction cases that are reported at the hospital, school-going children comprise 15 to 20 per cent of that population; and of this two to three per cent are those who abuse solvents like polish and glue. He says it all started in the nineties with the population turning to drugs like Corex cough syrup, injectable Pentazocine, Benzodiazepines and Spasmo Proxyvon. The result of the damage done then is surfacing now.

Experts say that the Kashmir situation is quite different from any other part of the world. Here, addicts avoid alcohol due to religious reasons and also because it is traceable (it has a strong smell); injectables also leave marks, so they stick to benzodiazepines, codeine phosphate and opiates, which are easily available and can only be traced during the middle and the severe phases of addiction.

Dr Wiqar Bashir of the Batamaloo Drug De-addiction Centre (DDC) blames the gravity of the situation on agencies that monitor drug control, “Almost 50 per cent of medical shops in the Valley are unlicensed.” Easy availability of the drugs is a huge contributing factor to addiction, he believes.

Dr Bashir has also noticed similarities in the cases that he has treated – a close-knit relationship exists between domestic violence, children from broken homes and drug addiction. “It leads to destruction in all areas of life.”

Sources in the peddling business reveal that the valley consumes 6000 bottles of Codeine per day, and out of this Sopore alone consumes over 3,000 bottles. “If you visit the Degree College in Sopore, you will find that 80 per cent of the boys are on Codeine,” say ex-addicts who shared this information with doctors. The foregoing scenario shows clearly that the situation is turning for the worse and is deteriorating at a rapid pace. If a large-scale intervention is not initiated by the state at multiple levels, Kashmir will continue to sink in an abyss.

Dr Bashir explains the extent of deterioration, “Three years ago, initiation age for addicts was 16 years, now it is 11 to 12 years. In Kashmir, drugs are used as a coping mechanism for stress and depression.” Almost 50 to 75 per cent addicts, doctors at the DAC have found, use drugs to overcome depression, PTSD and anxiety. The DDC has been getting telephonic queries from girls who are addicted to sleeping pills. “We cannot admit them here as we don’t have a female ward,” Dr Bashir admits. Expansion plans are underway at the Batamaloo facility, but they do not encompass a separate ward for females.

Social worker Yasir Zahgeer who has been helping addicts recover for the last eight years, shares his insight on the causes of the sky-rocketing levels of abuse. He reveals that almost 50 per cent of drug abuse cases he has come across are directly related to violence. “Patients who are unable to deal with the after effects of torture and violence, those who have been witness to blasts and shoot-outs finally seek refuge in drugs.”

Due to the lucrative nature of drug peddling, he adds, locals hoard these medicines and sell them at higher prices to the addicts.

According to him, increasing the number of doctors is not the answer to this problem which is spiraling out of control. Even if the existing de-addiction facilities are expanded, there will be a shortage of counselors who are a crucial input in preventing relapse. Zahgeer explains, “Initially, when the addict is admitted to our centre, doctors play 70 per cent of the role until the withdrawal symptoms disappear, and the counselors play 30 per cent of role in the first week. After that, the ratio is reversed. We need counselors in the long-term to teach them how to resist going back to drugs and to develop new techniques in coping with everyday stress factors.”

#### **Future tense: Genotype altered**

Unless there are immediate measures taken from all quarters of society, and a long term effort is made to re-integrate this population into the mainstream, this youth of Kashmir will pass on this disease to their next generation, warns Dr Maajid.

“It is scientifically proven that chronic stress alters the genotype of the individual. Children will imbibe the behaviour of the parents if they are suffering from PTSD. Stress will lead to drug abuse. The next generation will be genetically pre-disposed to using drugs and this will exacerbate the problem.”

Instead of alienating addicts, or “hanging them from Lal Chowk”, as a community leader puts it, the need of the hour is that society supports him or her through detoxification and counseling thereafter. Societal and familial support can play a major role in the recovery of the individual. They also must ensure that they exert pressure on the authorities to crack down on suppliers, and expose the entrenched nexus that protects drug peddlers.

**Dilnaz Boga** is a 33-year-old journalist from Mumbai. She was working for a newspaper, Mumbai Mirror as a senior copy-editor. Previously, she has also worked for a city-based newspaper, writing on issues like health, human interest, civic, education and crime. She has also covered conflicts in Kashmir, the North-East and Gadchirolli for several publications in Mumbai. She completed her BA in English and Psychology from Sophia College, Mumbai University and her MA in English literature from Mumbai University. In July 2004, she completed her MA in Peace and Conflict Studies with a distinction on her dissertation ‘Cycles of violence: The impact of human rights violations on the children in Kashmir’ from the University of Sydney in Australia.